

IN THE DISTRICT COURT OF THE VIRGIN ISLANDS
DIVISION OF ST. CROIX

| | | |
|--------------------------------------------|---|-------------------------------|
| KEVONGH J. GRANT |) | |
| |) | |
| Plaintiff, |) | Case. No. 1:19-CV-0025 |
| v. |) | |
| |) | |
| APTIM ENVIRONMENTAL AND |) | |
| INFRASTRUCTURE, INC., WITT O'BRIEN'S, LLC, |) | |
| ODEBRECHT CONSTRUCTION, INC., NATHAN |) | |
| McCANN, ANDRES McCANN, JOHN DOES, JANE |) | |
| DOES AND UNKNOWN CORPORATIONS |) | |
| |) | |
| Defendants. |) | |

EXHIBIT 5

| | | | | |
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| UNITED STATES VIRGIN ISLANDS UNIFORM CRASH REPORT | | Agency Number S T X | Agency Case Number 1 8 A 0 9 1 6 2 | Page 0 1 of 0 6 |
| Agency Name UNITED STATES VIRGIN ISLANDS POLICE DEPARTMENT - ST. CROIX | | | G1. County 0 1 | G2. Status Code <input type="radio"/> C <input checked="" type="radio"/> P <input type="radio"/> U |
| G3. Reported Date (MM/DD/YYYY) 1 1 / 0 1 / 2 0 1 8 | | G4. Reported Time (2400) 0 1 3 6 | | G5. Officer Time Dispatch Time (2400) 0 1 3 9 Arrival Time (2400) 0 1 4 4 |
| G6. Vehicles 0 2 | | G7. Killed 0 0 | | G8. Injured 0 1 |
| G9. Address Number 6 2 | | G10. Street Name P E A R L R O A D | | G11. Hwy/County Road # 6 2 |
| G12. Trafficflow Direction <input type="radio"/> N <input checked="" type="radio"/> E <input type="radio"/> S <input checked="" type="radio"/> W | | | | |
| G13. Int. Y <input checked="" type="radio"/> N <input type="radio"/> | G14. Distance 0 1 3 6 | G15. Direction <input type="radio"/> F <input checked="" type="radio"/> N <input type="radio"/> E <input type="radio"/> S <input checked="" type="radio"/> W | G16. Intersecting Street Name H O P E R O A D | |
| G17. Int. Hwy/County Road # 6 8 | | | | |
| G18. City Name C H R I S T I A N S T E D | | G19. Latitude N 1 7 4 3 . 4 8 8 | | G20. Longitude W 0 6 4 4 4 . 0 9 2 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> G21. First Harmful Event <input type="radio"/> Crash with OMV in road: <input type="radio"/> Rear end slow or stop <input type="radio"/> Rear end turn <input type="radio"/> Left turn same roadway <input type="radio"/> Left turn cross traffic <input type="radio"/> Right turn cross traffic <input type="radio"/> Head on <input type="radio"/> Slideswipe <input type="radio"/> Angle <input checked="" type="radio"/> Hit and run </div> <div style="width: 30%;"> <input type="radio"/> Non-Crash in Road: <input type="radio"/> Overturn <input type="radio"/> Jackknife <input type="radio"/> Fell from vehicle <input type="radio"/> Other <input type="radio"/> Crash of MV in road with: <input type="radio"/> Pedestrian <input type="radio"/> Parked Vehicle <input type="radio"/> Bicyclist <input type="radio"/> Horse <input type="radio"/> Animal (other than horse) </div> <div style="width: 30%;"> <input type="radio"/> Fixed Object: <input type="radio"/> Bridge/Culvert <input type="radio"/> Embankment/Ditch/Curb <input type="radio"/> Guardrail/Median Barrier <input type="radio"/> Tree <input type="radio"/> Utility pole/light support <input type="radio"/> Other fixed object <input type="radio"/> Sign Post <input type="radio"/> Signal standard <input type="radio"/> Non-fixed Object: <input type="radio"/> Building/Other Structure <input type="radio"/> Maint. Equip. - Not Moving <input type="radio"/> Maint. Equip. - Moving <input type="radio"/> Other non-fixed object </div> <div style="width: 30%;"> G22. Crash Location <input checked="" type="radio"/> Roadway <input type="radio"/> Off-Roadway <input type="radio"/> Median <input type="radio"/> Roadside <input type="radio"/> Shoulder <input type="radio"/> Parking Lot <input type="radio"/> Gore G23. Intersection Type <input type="radio"/> None <input checked="" type="radio"/> Four-way Inter <input type="radio"/> T-Intersection <input type="radio"/> Crossover <input type="radio"/> Driveway <input type="radio"/> Five-point or more <input type="radio"/> Off Ramp <input type="radio"/> On Ramp <input type="radio"/> Path/Trail <input type="radio"/> Traffic Circle/Round <input type="radio"/> Y-Intersection </div> <div style="width: 30%;"> G24. Roadway System <input type="radio"/> Town Street <input checked="" type="radio"/> V.I. State Highway <input type="radio"/> Fed. Highway <input type="radio"/> Public Road <input type="radio"/> Parking Lot/Private Drive <input type="radio"/> Off Road <input type="radio"/> State Park </div> </div> | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> G25. Light Condition <input type="radio"/> Daylight <input checked="" type="radio"/> Dark-Lit <input type="radio"/> Dark-Unlit <input type="radio"/> Dawn <input type="radio"/> Dusk </div> <div style="width: 30%;"> G26. Road Condition <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Water <input type="radio"/> Sand/Mud/Dirt/Oil/Gravel <input type="radio"/> Ice <input type="radio"/> Slush <input type="radio"/> Snow </div> <div style="width: 30%;"> G27. Weather Condition (2) <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Blown Debris <input type="checkbox"/> Rain <input type="checkbox"/> Fog/Smog/Smoke <input type="checkbox"/> Cloudy <input type="checkbox"/> Sleet/Hail <input type="checkbox"/> High winds <input type="checkbox"/> Snow </div> <div style="width: 30%;"> G28. Workzone Relationship <input checked="" type="radio"/> Not Workzone Related <input type="radio"/> Within Construction Zone <input type="radio"/> Advance Warning Area </div> <div style="width: 30%;"> G29. Workzone Type (2) <input checked="" type="checkbox"/> None <input type="checkbox"/> Intermittent or Moving Work <input type="checkbox"/> Lane Closure <input type="checkbox"/> Lane Shift/Crossover <input type="checkbox"/> Shoulder/Median Work <input type="checkbox"/> Utility </div> </div> | | | | |
| WITNESS(ES) | | | | |
| G30. First Name DYLAN | | G31. Last Name ISNER | | |
| G32. Address PETERS REST APTS. | | G33. Phone Number 3 2 1 6 9 3 6 0 8 1 | | |
| G34. City CHRISTIANSTED | | G35. State V I | | |
| G36. Sex <input checked="" type="radio"/> M <input type="radio"/> F | | G37. Date of Birth 0 1 / 0 1 / 2 0 1 8 | | |
| G38. First Name | | G39. Last Name | | |
| G40. Address | | G41. Phone Number | | |
| G42. City | | G43. State | | |
| G44. Sex <input type="radio"/> M <input type="radio"/> F | | G45. Date of Birth | | |
| G46. Badge Number 3 2 7 7 | | G47. Investigating Officer Name (Please Print) Rashid Iles | | |
| G48. Officer Signature <i>Rashid Iles</i> | | | | |
| G49. Reviewing Badge Number 3 0 5 5 | | G50. Reviewing Officer Initials RA | | |
| G51. Photos Taken <input checked="" type="radio"/> Y <input type="radio"/> N | | G52. Photographer and Badge # DET. RASHID ILES 3277 | | |

VIUCR
Diagram/Narrative

1 8 A 0 9 1 6 2

1 8 A 0 9 1 6 2

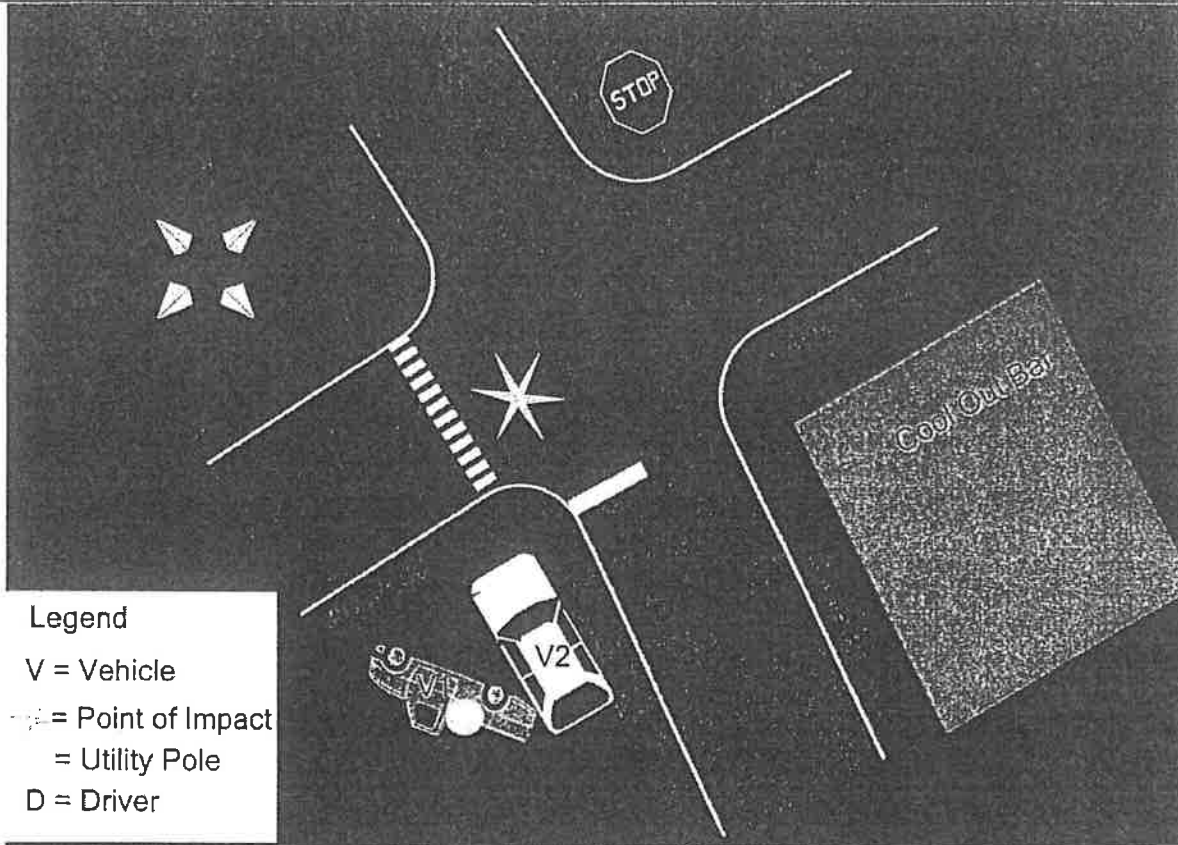
Page

0 2

of

0 6

N1. Collision Diagram



N2. Collision Narrative

SEE ATTACHED FORM

NOV 19 2018

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| VIUCR Person/Occupant | | V0. Veh. # | P0. Person # | Agency Number | Agency Case Number | Page 03 of 06 | |
| | | 01 | 01 | | 18A09162 | | |
| P1. Person Type <input checked="" type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input type="radio"/> Hit and Run Driver <input type="radio"/> LE | | | | | | | |
| P2. License # C-030000081212 | | P3. State VI | P4. CDL? N | P5. DOB (MM/DD/YYYY) 08 / 30 / 1998 | | <input checked="" type="checkbox"/> Shoulder & Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Moderate <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Life Threatening <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Killed <input type="checkbox"/> Helmet <input type="checkbox"/> Not <input type="checkbox"/> Partially <input type="checkbox"/> Totally | |
| P6. First Name KEVONGH | | P8. Last Name J GRANT | | P12. DL Status <input checked="" type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Learner Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other | | P22. Safety Equip. (2) <input type="checkbox"/> None <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Moderate <input type="checkbox"/> Life Threatening <input type="checkbox"/> Killed <input type="checkbox"/> Not <input type="checkbox"/> Partially <input type="checkbox"/> Totally | |
| P7. Address 10 C MARS HILL | | P8. Phone Number 3402011210 | | P11. Zip Code 00840 | | P23. Ejection <input type="checkbox"/> Not <input type="checkbox"/> Partially <input type="checkbox"/> Totally | |
| P9. City FREDERIKSTED | | P10. State VI | | P11. Zip Code 00840 | | P24. Ejection <input type="checkbox"/> Not <input type="checkbox"/> Partially <input type="checkbox"/> Totally | |
| P13. Cited <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P P14. Ticket # 1 2 | | P15. Offense <input type="radio"/> 1 <input type="radio"/> 2 | | P16. Xport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input checked="" type="radio"/> EMS <input type="radio"/> Private Vehicle | | P17. EMS Agency Code S T X P18. Medical Facility Code J F L H | |
| P19. Condition <input checked="" type="radio"/> No Defects Apparent <input type="radio"/> Obviously Intoxicated <input type="radio"/> Unknown <input type="radio"/> Physical Impairment <input type="radio"/> Hit and Run <input type="radio"/> Affected by Exhaust Fumes <input type="radio"/> Drinking - Not Impaired <input type="radio"/> Using Drugs - Impaired <input type="radio"/> Drinking - Impaired <input type="radio"/> Using Drugs - Not Impaired <input type="radio"/> Fell Asleep/Fainted/Fatigue <input type="radio"/> Pending Lab Results | | P20. Non-Motorist Action <input type="radio"/> Unknown <input type="radio"/> Pushing vehicle <input type="radio"/> Entering/Crossing Roadway <input type="radio"/> Approaching/leaving vehicle <input type="radio"/> Walking/running/playing/cycling <input type="radio"/> Playing/working on vehicle <input type="radio"/> Working <input type="radio"/> Standing | | P25. Extricated <input checked="" type="radio"/> N <input type="radio"/> Y P26. Sex <input checked="" type="radio"/> M <input type="radio"/> F P27. Race <input type="radio"/> White <input type="radio"/> Hispanic <input checked="" type="radio"/> Black <input type="radio"/> Other P28. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right P29. Airbag <input type="radio"/> Deployed - Front <input checked="" type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | P30. Type <input checked="" type="radio"/> None <input type="radio"/> Serum <input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST's P31. Status <input type="radio"/> None given <input type="radio"/> Test given <input type="radio"/> Test refused <input type="radio"/> Test given, pending <input type="radio"/> Arrested | |
| P21. Contributing Circumstance (3) <input checked="" type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Not Visible (Dark Clothing) <input type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Right of Center <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Failed to Maintain Safe Distance <input type="checkbox"/> Failure to keep proper lane/Run off road <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Avoidance <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Improper Reversing <input type="checkbox"/> Improper Passing/Overtaking <input type="checkbox"/> Lying and/or illegally in roadway <input type="checkbox"/> See Crash Description | | | | | | P32. Result <input type="checkbox"/> None <input type="radio"/> Serum <input type="checkbox"/> Blood <input type="radio"/> Urine <input type="checkbox"/> Test refused <input type="radio"/> Test given | |
| Occupant | | | | | | | |
| O0. Vehicle # O1. First Name O2. Address O3. Address O4. City O5. State O6. Position O7. Safety Equip. (2) | | O8. Sex <input type="radio"/> M <input type="radio"/> F O9. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other O10. Age <input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> Y O11. Extricated <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O12. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O13. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed O14. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | O15. Xport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> EMS <input type="radio"/> Private Vehicle O16. EMS Agency Code O17. Medical Facility Code | | O18. Vehicle # O19. First Name O20. Address O21. Address O22. City O23. State O24. Position O25. Safety Equip. (2) | |
| O0. Vehicle # O1. First Name O2. Address O3. Address O4. City O5. State O6. Position O7. Safety Equip. (2) | | O8. Sex <input type="radio"/> M <input type="radio"/> F O9. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other O10. Age <input type="radio"/> M <input type="radio"/> N <input type="radio"/> Y <input type="radio"/> Y O11. Extricated <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O12. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally O13. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed O14. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | O15. Xport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> EMS <input type="radio"/> Private Vehicle O16. EMS Agency Code O17. Medical Facility Code | | O18. Vehicle # O19. First Name O20. Address O21. Address O22. City O23. State O24. Position O25. Safety Equip. (2) | |
| HWYSVIUCR07A | | | | | | | |

C12. HAZMAT Released ☐ Yes ☒ No

| | | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| VIUCR Person/Occupant | | V0. Veh. # 02 | | P0. Person # 02 | | Agency Number | | Agency Case Number | | Page 05 of 06 | |
| P1. Person Type <input type="radio"/> Driver <input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Skater <input type="radio"/> Other non-motorist <input checked="" type="radio"/> Hit and Run Driver <input type="radio"/> LE | | | | | | | | | | | |
| P2. License # | | | | P3. State VI | | P4. COL? <input type="radio"/> N <input type="radio"/> Y | | P5. DOB (MM/DD/YYYY) | | P22. Safety Equip. (2) <input type="checkbox"/> Shoulder & Lap Belt <input type="radio"/> None <input type="checkbox"/> None <input type="radio"/> Complaint of Pain <input type="checkbox"/> Lap Belt <input type="radio"/> Moderate <input type="checkbox"/> Automated Restraint <input type="radio"/> Life Threatening <input type="checkbox"/> Shoulder Belt <input type="radio"/> Killed <input type="checkbox"/> Child Safety Seat <input type="radio"/> Not <input type="checkbox"/> Helmet <input type="radio"/> Partially <input type="radio"/> Totally | |
| P6. First Name M Last Name | | | | P7. Address | | P8. Phone Number | | P12. DL Status <input type="radio"/> Valid <input type="radio"/> Suspended - DUI <input type="radio"/> No License <input type="radio"/> Learner Permit <input type="radio"/> Expired <input type="radio"/> Improper DL <input type="radio"/> Suspended <input type="radio"/> Other | | P23. Injury Type <input type="radio"/> None <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Life Threatening <input type="radio"/> Killed | |
| P9. City | | | | P10. State VI | | P11. Zip Code | | P13. Chat <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> P | | P24. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally | |
| P14. Ticket # | | | | P15. Offense | | P16. Xport <input type="radio"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> EMS <input type="radio"/> Private Vehicle | | P17. EMS Agency Code | | P18. Medical Facility Code | |
| P19. Condition | | | | P20. Non-Motorist Action | | P21. Contributing Circumstance (3) | | P25. Sex <input type="radio"/> M <input type="radio"/> F | | P26. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other | |
| <input type="checkbox"/> No Defects Apparent <input type="checkbox"/> Obviously Intoxicated <input type="checkbox"/> Unknown <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Hit and Run <input type="checkbox"/> Affected by Exhaust Fumes <input type="checkbox"/> Drinking - Not Impaired <input type="checkbox"/> Using Drugs - Impaired <input type="checkbox"/> Drinking - Impaired <input type="checkbox"/> Using Drugs - Not Impaired <input type="checkbox"/> Fell Asleep/Fainted/Fatigue <input type="checkbox"/> Pending Lab Results | | | | <input type="checkbox"/> Unknown <input type="checkbox"/> Pushing vehicle <input type="checkbox"/> Entering/Crossing Roadway <input type="checkbox"/> Approaching/leaving vehicle <input type="checkbox"/> Walking/running/playing/cycling <input type="checkbox"/> Playing/working on vehicle <input type="checkbox"/> Working <input type="checkbox"/> Standing | | <input type="checkbox"/> No Apparent Improper Driving <input type="checkbox"/> Made Improper Turn <input type="checkbox"/> Not Visible (Dark Clothing) <input checked="" type="checkbox"/> Failed to Yield Right of Way <input type="checkbox"/> Right of Center <input type="checkbox"/> Operating Defective Equipment <input type="checkbox"/> Failed to Maintain Safe Distance <input type="checkbox"/> Failure to keep proper lane/run off road <input type="checkbox"/> Passed Stop Sign <input type="checkbox"/> Speed Too Fast For Conditions <input type="checkbox"/> Avoidance <input type="checkbox"/> Pedestrian Actions <input type="checkbox"/> Driving Under The Influence <input type="checkbox"/> Drove on Wrong Side of Road <input type="checkbox"/> Ran Red Light <input type="checkbox"/> Animal on Roadway <input type="checkbox"/> Fatigued/Asleep <input type="checkbox"/> Roadway Defects <input type="checkbox"/> Faulty Equipment <input type="checkbox"/> Illegally Crossing Median <input type="checkbox"/> Visibility Obstructed <input type="checkbox"/> Exceeded Lawful Speed <input type="checkbox"/> Improper Lane Change <input type="checkbox"/> Improper Reversing <input checked="" type="checkbox"/> Improper Passing/Overtaking <input type="checkbox"/> Lying and/or illegally in roadway <input type="checkbox"/> See Crash Description | | P27. Position <input type="radio"/> Left <input type="radio"/> Center <input type="radio"/> Right P28. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | P29. Type <input type="checkbox"/> None <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> SFST's <input type="checkbox"/> Breath <input type="checkbox"/> Test given <input type="checkbox"/> Test refused <input type="checkbox"/> Test given, pending <input type="checkbox"/> Arrested | |
| P30. Status | | | | P31. Result | | P32. Drug Test Information | | P33. Type | | P34. Status | |
| <input type="checkbox"/> None given <input type="checkbox"/> Test given, pending <input type="checkbox"/> Test refused <input type="checkbox"/> Test given | | | | <input type="checkbox"/> None given <input type="checkbox"/> Test given, pending <input type="checkbox"/> Test refused <input type="checkbox"/> Test given | | <input type="checkbox"/> None <input type="radio"/> Serum <input type="checkbox"/> Blood <input type="radio"/> Urine <input type="checkbox"/> Test given, pending <input type="checkbox"/> Test refused <input type="checkbox"/> Test given | | <input type="checkbox"/> None <input type="radio"/> Serum <input type="checkbox"/> Blood <input type="radio"/> Urine <input type="checkbox"/> Test given, pending <input type="checkbox"/> Test refused <input type="checkbox"/> Test given | | <input type="checkbox"/> None <input type="radio"/> Serum <input type="checkbox"/> Blood <input type="radio"/> Urine <input type="checkbox"/> Test given, pending <input type="checkbox"/> Test refused <input type="checkbox"/> Test given | |
| Occupant | | | | | | | | | | | |
| 00. Vehicle #: | | 01. First Name M Last Name | | 02. Address Same as Driver # | | 03. Address | | 04. City | | 05. State | |
| 06. Sex <input type="radio"/> M <input type="radio"/> F | | 07. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other | | 08. Age | | 09. M <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y | | 10. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally | | 11. Position <input type="radio"/> Front-Driver <input type="radio"/> 3rd-middle <input type="radio"/> Front-Middle <input type="radio"/> 3rd-right <input type="radio"/> Front-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> 2nd-left <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> 2nd-middle <input type="radio"/> Unencl. Pass./Cargo Area <input type="radio"/> 2nd-right <input type="radio"/> Riding on Exterior <input type="radio"/> 3rd-left <input type="radio"/> Towed Vhcl./Trailer | |
| 12. Safety Equip. (2) <input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet | | 13. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | 14. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed | | 15. EMS Agency Code | | 16. Medical Facility Code | | 17. Status | |
| <input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> EMS <input type="radio"/> Private Vehicle | | | | | | | | | | | |
| Occupant | | | | | | | | | | | |
| 00. Vehicle #: | | 01. First Name M Last Name | | 02. Address Same as Driver # | | 03. Address | | 04. City | | 05. State | |
| 06. Sex <input type="radio"/> M <input type="radio"/> F | | 07. Race <input type="radio"/> White <input type="radio"/> Hispanic <input type="radio"/> Black <input type="radio"/> Other | | 08. Age | | 09. M <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Y | | 10. Ejection <input type="radio"/> Not <input type="radio"/> Partially <input type="radio"/> Totally | | 11. Position <input type="radio"/> Front-Driver <input type="radio"/> 3rd-middle <input type="radio"/> Front-Middle <input type="radio"/> 3rd-right <input type="radio"/> Front-right <input type="radio"/> Sleeper of Truck Cab <input type="radio"/> 2nd-left <input type="radio"/> Encl. Pass./Cargo Area <input type="radio"/> 2nd-middle <input type="radio"/> Unencl. Pass./Cargo Area <input type="radio"/> 2nd-right <input type="radio"/> Riding on Exterior <input type="radio"/> 3rd-left <input type="radio"/> Towed Vhcl./Trailer | |
| 12. Safety Equip. (2) <input type="checkbox"/> Shoulder and Lap Belt <input type="checkbox"/> None <input type="checkbox"/> Lap Belt <input type="checkbox"/> Automated Restraint <input type="checkbox"/> Shoulder Belt <input type="checkbox"/> Child Safety Seat <input type="checkbox"/> Helmet | | 13. Airbag <input type="radio"/> Deployed - Front <input type="radio"/> Not Deployed <input type="radio"/> Deployed - Side <input type="radio"/> No Airbag <input type="radio"/> Deployed - Both | | 14. Injury Type <input type="radio"/> None <input type="radio"/> Life Threatening <input type="radio"/> Complaint of Pain <input type="radio"/> Moderate <input type="radio"/> Killed | | 15. EMS Agency Code | | 16. Medical Facility Code | | 17. Status | |
| <input type="checkbox"/> Not Transported <input type="radio"/> Police <input type="radio"/> Medic <input type="radio"/> EMS <input type="radio"/> Private Vehicle | | | | | | | | | | | |

HWYSVIUCR07A

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| VIUCR Vehicle | | V0. Vehicle #: 02 | V1. Total Occupants: 01 | Agency Number: [] [] [] [] [] [] | Agency Case Number: 18A09162 [] [] [] [] [] [] | Page 06 of 06 |
| V2. State: FL | V3. Year: 2018 | V4. License Plate Number: BQS-X33 | | Owner Information | | |
| V5. Make: JEEP | V6. Model Year: [] [] [] [] | V7. Vehicle Model: LIBERTY | | V8. Vehicle Color: WHITE | | |
| V9. Damage: <input checked="" type="radio"/> Heavy <input type="radio"/> Light <input type="radio"/> None | | V10. Speed Zone: [] [] | V11. Est. Speed: [] [] | V12. Owner Name: ODERECHT CONSTRUCTION INC. | | |
| V13. Address: 3201 GRIFFIN RD 3RDS FLOOR | | V14. City: DANIA BEACH | | V15. State: FL | V16. Zip Code: 33312 | |
| V17. Insurance Company Name: [] [] [] [] [] [] | | V18. Policy Number: [] [] [] [] [] [] | | V19. No Proof of Insurance: <input checked="" type="checkbox"/> | | |
| V20. Sequence of Events | | | | | | |
| Collision w/ Person, Vehicle/Non-fixed Object <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> Animal <input type="radio"/> Bicyclist <input type="radio"/> Maintenance Equip. <input type="radio"/> Moving Vehicle <input type="radio"/> Parked Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Stowing Vehicle <input type="radio"/> Stopped Vehicle in Road | | Non-Collision <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> Cargo Loss/Shift <input type="radio"/> Crossover <input type="radio"/> Equipment Failure <input type="radio"/> Fell/Jump from Vehicle <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion <input type="radio"/> Jackknife <input type="radio"/> Median/Centerline <input type="radio"/> Thrown/Falling Object <input type="radio"/> Off roadway/Left <input type="radio"/> Off roadway/Right <input type="radio"/> Overturn/Rollover <input type="radio"/> Unit Separation <input type="radio"/> Over Correcting/Steering | | Collision w/ Fixed Object <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> Attenuator/Cushion <input type="radio"/> Bridge Structure <input type="radio"/> Culvert <input type="radio"/> Curb <input type="radio"/> Ditch <input type="radio"/> Embankment <input type="radio"/> Fence <input type="radio"/> Guardrail <input type="radio"/> Mailbox <input type="radio"/> Median Barrier <input type="radio"/> Post/Pole/Support <input type="radio"/> Tree <input type="radio"/> Other Fixed Object | | <input type="radio"/> Going Straight <input type="radio"/> Making Left Turn <input type="radio"/> Stopped <input type="radio"/> Slow/Stop in Road <input type="radio"/> Parked <input type="radio"/> Reversing <input type="radio"/> Making Right Turn <input type="radio"/> Avoidance <input type="radio"/> Lane Change <input type="radio"/> Leaving Parking <input type="radio"/> Overtaking/Passing <input type="radio"/> Parking Position <input type="radio"/> Making U Turn <input type="radio"/> In Tow |
| V21. Vehicle Configuration | | V22. Direction of Travel | | V23. Blkwy Type | | |
| <input type="radio"/> Passenger Car <input type="radio"/> Light Truck <input type="radio"/> Stationwagon/Van <input checked="" type="radio"/> SUV <input type="radio"/> Motorcycle <input type="radio"/> Other <input type="radio"/> RV | | <input type="radio"/> School Bus <input type="radio"/> Single-Unit Truck(2) <input type="radio"/> Single-Unit Truck(3+) <input type="radio"/> Farm Tractor <input type="radio"/> Tractor/Semi/Trailer <input type="radio"/> Tractor(2) <input type="radio"/> Tractor(3) | | <input type="radio"/> Truck/Trailer <input type="radio"/> Emergency Veh. <input type="radio"/> Commercial Bus <input type="radio"/> ATV <input type="radio"/> Farm Equip. <input type="radio"/> Unknown Truck | | <input type="radio"/> Under <input type="radio"/> Overturn <input type="radio"/> None <input type="radio"/> Other |
| V24. Traffic Control Device | | V25. Road Character | | V26. Road Design | | |
| <input type="radio"/> Channel-Painted <input type="radio"/> Channel-Physical <input type="radio"/> Flag Person <input type="radio"/> Flashing Signal Red <input type="radio"/> Flashing Signal Yellow <input type="radio"/> No Passing <input type="radio"/> None | | <input type="radio"/> Officer <input type="radio"/> Stop Bar <input type="radio"/> Crossing Guard <input type="radio"/> Signal <input checked="" type="radio"/> Stop Sign <input type="radio"/> Const. Flashing Sign <input type="radio"/> Yield Sign | | <input type="radio"/> Straight/Level <input checked="" type="radio"/> Intersect two roads <input type="radio"/> Straight/Grade <input type="radio"/> Curve/Level <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Grade | | |
| V27. Device Functioning? <input checked="" type="radio"/> Y <input type="radio"/> N | | V28. Road Character | | V29. Road Design | | |
| | | <input type="radio"/> Bridge <input type="radio"/> Private Drive <input type="radio"/> Curve/Hillcrest <input type="radio"/> Crossover <input type="radio"/> Begin/End Divided Road <input type="radio"/> One-Way | | <input type="radio"/> 2 Lane <input type="radio"/> 3 Lane <input type="radio"/> 4+ <input type="radio"/> Off Ramp <input type="radio"/> Parking Lot <input type="radio"/> One Way <input type="radio"/> 1 Lane <input type="radio"/> Unpaved | | |
| V30. Divided? <input type="radio"/> Yes <input type="radio"/> No | | V31. Center Turn Lane? <input type="radio"/> Yes <input type="radio"/> No | | V32. Road Surface Type | | |
| | | | | <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Dirt <input type="radio"/> Gravel <input type="radio"/> Other - See Narrative | | |
| V33. Towed? <input type="radio"/> Yes <input type="radio"/> No | | | | | | |
| V34. Authority: <input type="radio"/> Owner <input type="radio"/> Police <input type="radio"/> Other | | | | | | |
| V35. Towed By: [] [] [] [] [] [] | | | | | | |
| Commercial Vehicle | | | | | | |
| C1. Carrier ID Number: [] [] [] [] [] [] | | C2. Authority: <input type="radio"/> US DOT <input type="radio"/> State <input type="radio"/> Mexico <input type="radio"/> MC <input type="radio"/> Canada | | C3. Carrier Name: [] [] [] [] [] [] | | |
| C4. Carrier Address: [] [] [] [] [] [] | | C5. City: [] [] [] [] [] [] | | C6. State: [] [] | | |
| C7. Zip Code: [] [] [] [] [] [] | | C8. GVWR #: [] [] [] [] [] [] | | C9. Commodity Hauled: [] [] [] [] [] [] | | |
| C10. Placard ID: [] [] [] [] [] [] | | C11. HAZMAT Released: <input type="radio"/> Yes <input type="radio"/> No | | C12. Cargo Body Type | | |
| | | | | <input type="radio"/> Auto transporter <input type="radio"/> Bus<15 <input type="radio"/> Bus 15+ <input type="radio"/> Cargo tank <input type="radio"/> Concrete Mixer <input type="radio"/> Dump <input type="radio"/> None | | |
| | | | | <input type="radio"/> Flatted <input type="radio"/> Garbage/refuse <input type="radio"/> Grain/chips/gravel <input type="radio"/> Other <input type="radio"/> Pole/log <input type="radio"/> Van/enclosed box <input type="radio"/> N/A | | |

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Description of Collision

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On November 1, 2018, at approximately 01:39 a.m., my partner Det. S. Lake, and I were dispatched by the 911 call center in reference to a reported auto accident in the vicinity of the Cool Out Bar, Christiansted.

Upon my arrival I made contact with D1(Kevongh Grant), who was in the process of receiving medical attention and was unable to provide a statement. D1 was transported to the Juan F. Luis Hospital for further treatment.

Within V2 (BQS-X33) I observed the APTIM identification cards of Mr. Nathan McCann and Mr. Andrew McCann. Neither individual was located at the scene. No insurance or registration information could be found within V2.

Dylan Isner was present near the intersection at the time of the collision. Mr. Isner was advised of his Miranda Rights and interviewed. Mr. Isner stated that he was a passenger in a vehicle traveling south on Hope Road when he observed V2 overtake him and travel into the intersection at a high rate of speed, colliding with V1 (CFC-668), thereby causing an accident.

At the Juan F. Luis Hospital I made contact with Dr. T. Merchant who stated that D1 had suffered a broken right arm as well as lacerations to his legs and arms. I made contact with D1, who stated that he was unable to remember the events of the accident.

On November 16, 2018, at the Wilbur Francis Command, I made contact with Darion Grainger, a Supervisor at APTIM, a company listed on the work identification cards found within V2. I provided Mr. Grainger with photographs of the identification cards to which he stated that he recognized the individuals as contractors. Mr. Grainger agreed to turn over information regarding Mr. N. McCann and Mr. A. McCann.

MY INVESTIGATION OF THIS COLLISION REVEALED THE FOLLOWING FACTS:

V1 received damages about the body of the vehicle to include the hood, front glass, cabin roof, driver and passenger side doors, tailgate and trunk.

V2 received damages to the front bumper, engine, driver and passenger side front wheel well and driver side front door. A check of V2's license plate revealed that V2's tag number is registered with Odedrecht Construction Inc. No insurance information was present.

Based on evidence observed on the scene, both vehicles collided at the intersection of Pearl Road and Hope Road.

Impact marks were observed in the south western section of the intersection in the vicinity of the crosswalk. In the vicinity of the intersection I observed a stop sign on the shoulder of the southbound lane indicating that V1 had the right of way.

Based on records provided by Mr. Grainger, Mr. N. McCann and Mr. A. McCann were identified as being employed with Campbell Development. Further investigation determined that both Mr. N. McCann and Mr. A. McCann departed from the island of St. Croix on November 2, 2018 and travelled to Houston, Texas.

Based on the limited information I cannot determine which of the two individuals was operating V2 at the time of the incident.

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Based on my findings I request this case remain open pending issuing of citations to for Failure to Yield Right of Way Thereby Causing an Accident, Leaving the Scene of an Accident After Causing Personal Injury, Operating without Proof of Insurance and Operating Without Proof of Registration to D2 or other responsible parties.

Rashid Iles /s/

Detective Rashid Iles
PDN# 3277

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